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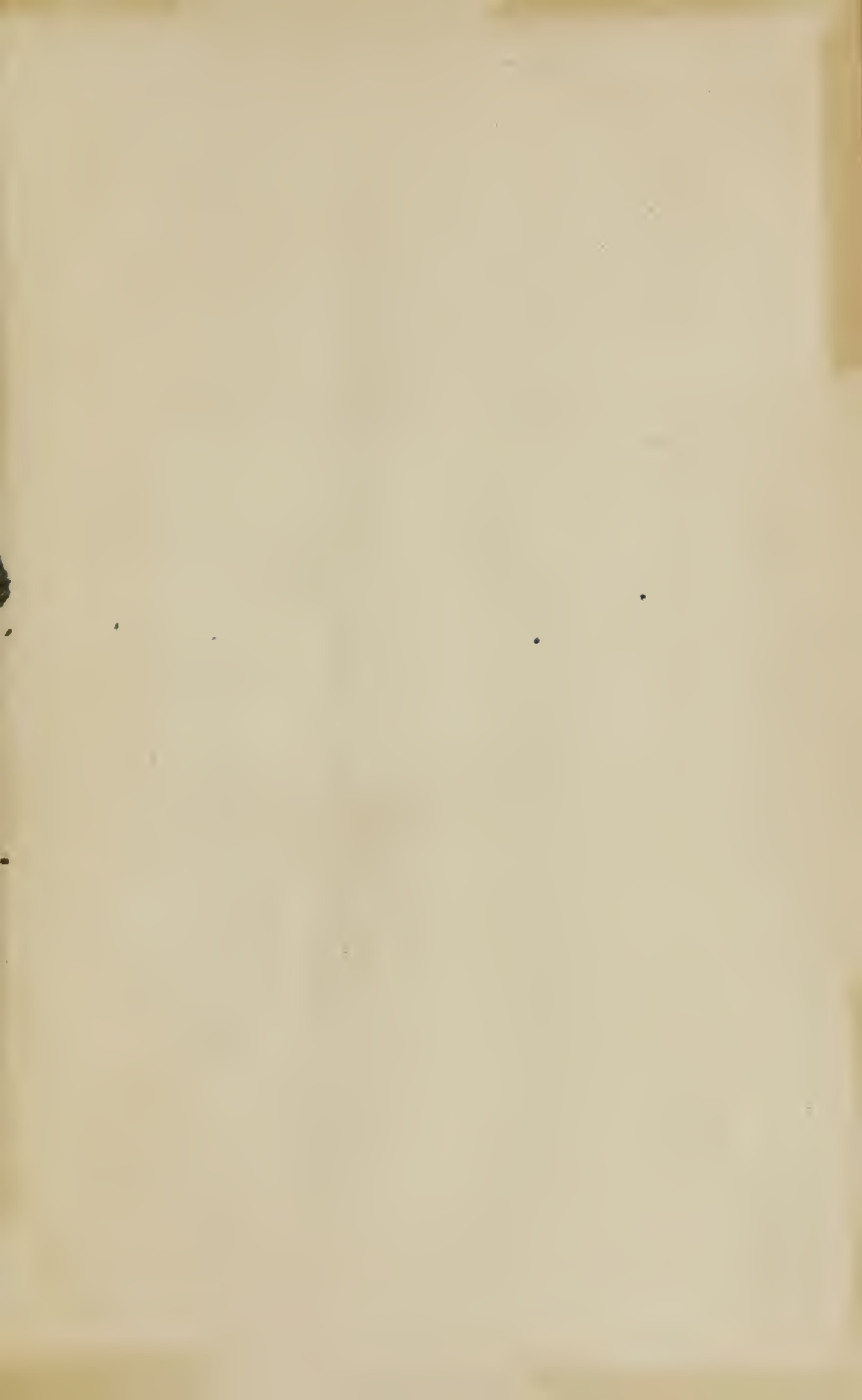


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ITS CAUSES AND CONSEQUENCES; WITH SOME SUGGESTIONS, AND
INDICATIONS FOR THE USE OF
THE NEW REMEDIES.

PROF. OF PHYSIOLOGY AND PATHOLOGY, IN THE HAHNEMANN MED. COLLEGE, ETC.

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P R E F A C E .

The practicing physician of our School must have felt the need of a multiplication of monographs upon particular remedies, which shall afford in detail the especial indications for the employment of those remedies in particular diseases. This, we apprehend, is the great desideratum in the Homœopathic medical literature of the present day ; and furthermore, it is certainly true that through this species of practical contributions mainly, may we hope to construct a permanent literature, which shall set forth the established principles, as well as the real resources of the Medical Art.

The province of Therapeutics especially, would appear to have been left for us to cultivate. Physiology and Pathology, Chemistry and Toxicology, have each been laid under contribution, and developed in a great measure through such memoirs as have never been furnished, and could not be by any other School, for the illustration of the science of Therapeutics. It is to this source, therefore, that the world appeals for information upon topics the most vitally important to the health and the welfare of the species.

Every practical monograph which falls into the physician's hands, adds so many pages to a mutual experience, and furnishes a chapter for the great work which all of us are writing upon the Practice of Medicine, for the use of our Fellows and the future. And he, who in this manner unfolds the resources of a new and valuable remedy for the relief of human suffering, is doing a great and an incalculable service to Medicine and to mankind.

As in other regards, so is it here. We have been in the habit of looking abroad for almost the entire list of our curative agents. Indigenous remedies, which have promised at the least an equal efficacy, if carefully investigated and proven, have been overlooked ; much as the low and richer prairies were passed over by the earlier pioneers of this Western world, for the higher but shallower soil beyond. The first representatives of Homœopathy preferred a parallel course ; but as advancing civilization is settling up and making available the less desirable low-lands nearer home, so, with the specification and more intimate acquaintance with the properties and the limited value of the drugs we have long known, comes the absolute need that we familiarize us with those which have once been voted as quite beneath our notice. And happily for us, there are those in our profession, who for the mere lack of under-draining and a little tillage, will not be content with neglecting so fruitful a soil.

Among the foremost in this laudable enterprise, is our friend Dr. E. M. HALE. Confident of the healing resources which are hidden away in what have been styled the "New Remedies," he is determined to develop them. Hence the origin of the following pages. Based upon ample experience, running through years of trial and confirmation, our author's conclusions are neither hasty nor unreliable. Many of them have been verified in our own sphere of practice, and if, with others, we could have wished them a sounder and more enduring foundation in the pathogenesis

of particular remedies, we have not refused the former, while the latter was still wanting. To those who are disposed to style these Therapeutical deductions as "crude" and unsatisfactory, we recommend the propriety of addressing themselves to a more careful analysis of these "New Remedies" than is here given, in preference to a criticism of this praiseworthy attempt to map out the field for future and indefinite development. Perfection in the matter of drug-proving, is not the work of a day, neither of a generation.

As pointing to the relief of a prominent series of infirmities, we are emphatically of opinion that the accompanying memoir is destined to a useful mission among the medical brethren. Once they were obliged to combat these disorders with but a limited number of remedies in hand. Belladonna, Secale Cornutum, Sabina and Crocus, were almost the sole reliance. But here we have the practical indications which may demand a dozen other equally valuable remedies. Aletrin, Asclepin, Baptisin, Caulophyllin, Gelseminum, Helonin, Hydrastin, Macrotin, Podophyllin, Sanguinaria, Seneecin, Trillin and Viburnin, are introduced to the notice of the profession in this new capacity, and as explicitly as possible, in order that their patients may reap a proportionate benefit from their prescription.

In this manner, it is hoped that sufficient attention will be elicited to stimulate to the production of "provings" of each and all the foregoing remedies. By this means, if found worthy, we may soon be competent to prescribe them with that precision and efficacy with which we are accustomed to employ the more familiar polychrests of our School.

Of the growing demand for professional interference in the removal of that great and crying evil, with its more serious sequelæ, of which our author has treated, no one physician of our land is supposed to be quite ignorant. Of the need of a multiplication of means for its more successful medical treatment, every practitioner of enlarged experience is abundantly satisfied.

In so far as a knowledge of the virtues of the "New Remedies" may be drawn from *clinical* sources, it must be confessed that they promise to become of very essential service. For ourselves, we have no doubt but experience will ultimately determine them to be equally, if not indeed more efficacious, in the higher than in the lower potencies, and in smaller than in larger doses. In a private letter to the undersigned, Dr. Hale says: "Regarding the material doses I advise, I do not do so to bias the judgment of other physicians. I simply teach the results of my experience. I believe that if we had correct provings of the Macrotin, Gelseminum, and a few other of the remedies before-mentioned, we might with advantage use the medium, and perhaps the higher potencies. I have employed the Sanguinaria 30, and Gelseminum 6, with good effect."

Once mark out the sphere and detail the proving of a remedy, however, and the remainder is self-regulating. However desirable a pathogenetic chart of a remedy, we must be content with the first introduction of a majority of our curative agents into notice through their well known clinical virtues.

Henceforth, this little *brochure* will throw a grateful side-light upon resources which are adapted to the relief of at the least one train of morbid phenomena; and we cannot but hope that it may prove initiative to kindred developments with regard to the Therapeutics of yet other and very different diseases.

INTRODUCTION.

Before entering upon the special consideration of the subject of Abortion, I wish to state the reasons which have impelled me to write the following monograph :

1st. *Our Homœopathic literature is exceedingly meagre of anything like a complete treatise on the subject.* We find the treatment of Abortion mentioned in "Hull's Laurie's Practice;" "Jahr on Diseases of Females;" Leadam, and Peters; which authorities, while they may be good so far as they go, do not satisfy the needs of the physician, nor fill the hiatus caused by the absence of a practical monograph.

2nd. Tyler Smith, in his "Lectures on Obstetrics" says: This (Abortion) *is one of the subjects open to the greatest improvement in obstetric practice.*" In this emphatic remark I fully concur, for not only is there a wide field open to investigations into its nature and treatment, but *never* perhaps in the history of the world has Abortion been so common and so frequent as in this century. The statistics which I shall give in the following pages, as taken from "Whitehead on Abortion," will prove this assertion correct. While in most countries and in all times previous to this century, it has been deemed honorable to bear many children, the contrary seems now to obtain. Mothers once prided themselves upon their numerous and healthy offspring; now they deem themselves lucky if they bear children few and far between.

Every physician of experience will bear me out in the above assertion. From my own experience, and the observations of others with whom I have conversed, I am satisfied that it can be safely asserted that there is *not one married female in ten, who has not had an abortion, or at least attempted one!* For not only have the generally enumerated causes become more prevalent, but the *intentional* production of abortion is especially noticeable. Now-a-days, if a married woman happens to go a few days beyond the menstrual period, she either swallows some domestic emmenagogue at that time, or with the recurrence of the next menstrual period, procures some one of the many nostrums so shamelessly advertised as "warranted to regulate the menses," with the especial caution that it "must not be taken during the first three months of pregnancy, as it will invariably produce miscarriage." Or what is worse still, resort is had to the use of some one of the many instruments which are sold for the purpose of mechanically inducing abortion. Such instruments I regret to say are found in families of high standing in the community. They are all fashioned upon the principle of the *bougie*, and are either sold by rascals in great cities, who advertise them through all our newspapers, or peddled about the country by creatures in the shape of women, who travel under the guise of "female doctors," lecturers on physiology, "women's rights," etc. This depraved and abominable habit is not confined to the cities and larger towns, but the extreme recesses of the quiet country are contaminated with it. Much of this is owing to the thousands of *quasi* physiological works, generally vulgar and obscene, which flood every State in our Union. They are advertised in all the popular and local newspapers, and are thus paraded before the curious eyes of youth, and made

to attract the attention of men and women of mature age. I will venture to assert that ninety per cent. of the youth of both sexes, who can read, have perused one of these "physiological" books. If a complete and healthy course of physiological study was introduced into our schools, it would do much towards destroying the prurient curiosity which leads to so many grave moral and physiological evils. Nearly every physician of any practice will testify that there is not a week during which he is not solicited by one or more persons, from all grades of society, to produce abortion, either upon themselves, or upon some person in whom they are particularly interested. Not, perhaps, openly, for at first many of them declare, "it is only a suppression, but it must be brought on at all hazards." In fact, abortion, both from unavoidable and intentional causes, is becoming so alarmingly prevalent, that it must soon attract the open attention of all philanthropists and law-makers. Some great physical and moral improvement must be opposed to the onward progress of this evil, or it will undermine the very foundations of all domestic morals, and reduce marriage to a false and degraded position.

3rd. The major part of the allopathic treatment of abortion, *is extremely unscientific and unreliable*. With very little if any belief in the *specific* action of drugs, they grope in the misty mazes of "general indications." True, there are occasional cases where some local lesion has been discovered, and the physician has acumen enough to use specific means with excellent effect. But when there is functional disorder, this routine treatment avails but little. I would not be so bigoted as to detract from the excellent labors of Smith, Whitehead, Tilt, Meigs or Gardner. Their works are invaluable to us, as results of patient and learned investigation, and many of their suggestions are worthy of all praise; but I allude to the allopathic masses, than whom a more blundering class of practitioners never existed.

Nor is the homœopathic treatment, as laid down in our text books, and adopted by many of our brethren, *by any means perfect*. But few of the remedies enumerated have any specific value, either in preventing or treating abortion, while the total disuse of all local applications, is to be regarded as a great error. The treatment of the so-called Eclectic school is greatly superior to the Allopathic, and often equal to our own, from the fact that they use certain remedial agents, selected from our indigenous plants, which exercise a profound and specifically homœopathic relation to the female generative organs, and consequently on the malady in question.

It is the object of this paper to call the attention of my Homœopathic brethren to these valuable and but little known remedies. If the doctrine taught by Teste is a true one—that the plants indigenous to a country are best suited to treat the diseases of that country—then we should feel bound to test them in the crucible of experience, and see if the Pulsatilla which so often disappoints *us*, cannot be replaced by *Senecio* or some other remedy.

Although I cannot present the profession with *proving*s of these remedies, I feel justified in taking a course sanctioned and adopted by Hahnemann, who used and advised many unproven drugs, because he thought he could mark out their characteristic peculiarities, and understand their general sphere of action. At the close of this paper I shall give such pathogenetic and curative symptoms belonging to each most important drug, and delineate the pathological states to which they correspond. For these *data* I shall draw upon the experience of myself and a few colleagues, and also the writings of *King, Jones and Coe*, (Ecclectics.)

ABORTION.

STATISTICS OF ABORTION.—“Two thousand married women in a state of pregnancy, admitted for treatment at the Manchester Lying-in Hospital, during parts of the years 1845-6, were interrogated in rotation respecting their existing condition and previous history. The sum of their pregnancies was 8,681; of which, rather less than *one in seven* had terminated abortively.” (*Whitehead*.) These women were all under thirty years of age, and as abortion occurs more frequently after that age, the real average will be much more—say one in five. *Whitehead* states that “more than thirty-seven out of every hundred mothers experience abortion before they attain the age of thirty years.” This is probably much under the real average, for reasons above stated. In my own investigations I have met with women who have had respectively, eight, ten and thirteen children, and *as many abortions!*

PERIOD OF ABORTION.—In my experience, the last week of the third month is the most usual period of abortion. Out of 602 cases given by *Whitehead*, there were 35 at two months; 275 at three months; 147 at four months; 30 at five months; 32 at six months; 55 at seven months; 28 at eight months.

FATALITY OF ABORTION, to the mother, does not seem to be very great. Out of the above cases, only three proved fatal to the mother, and those were at the seventh month. I have attended over 300 cases of abortion; 278 were at the third month, the rest at the second and fifth. Out of these *not one* proved fatal to the mother. Under judicious treatment, I consider abortion to be attended with but little danger.

CAUSES OF ABORTION.—These may be divided best into *predisposing* and *exciting*. “By *predisposing* causes are meant certain morbid conditions, local or constitutional, already in the system; or a particular susceptibility to morbid action during pregnancy, by the operation of which the process is liable to be prematurely arrested. They have been subdivided into two orders; those which originate entirely in the maternal system, and those which appear to depend upon some defect in the product of gestation.” (*Whitehead*.) I propose to take up the causes, as enumerated by *Whitehead*, *Tyler*, *Smith* and others, and append to each such treatment as experience has shown to be most efficient, always adhering to the law of *similia* viewed *rationally*.

TREATMENT OF PREDISPOSING CAUSES.

Debility and Exhaustion.—If from loss of blood or excessive discharges—China, Hydrastin, Phos. ac., Manganese, Ferrum and Helonin.

Debility from Exhausting Disease.—with deficiency of muscular and nervous tone. Nux v., Ign., Syrup of Phosphates, Macroton and Hydrastin.

General plethora and obesity.—This has been known to produce abortion, and many women grow very plethoric during pregnancy. Aconite, Verat. v. and Bell. should be used palliatively; and abstinence from oily

food, with vegetable diet and copious acid drinks, aided by Kali. carb. or Kali. hyd., in appreciable doses, should be advised to lower the accumulation of adipose matter.

General Nervous Irritation.—In extremely sensitive women, the nervous system becomes so irritable as to be acted on by the most trivial causes. This extreme irritability is often an indirect cause of abortion. The remedies best calculated to soothe and strengthen the nerves, are Macrotin Scutellaria, Ignatia, Nux v., Cypripedium, Coffea and Cham.

Scrofula is considered a prominent cause. Besides our anti-psories, I use *Stillingia*, Kali. hyd., Kali. brom. and *Podoph.*

Reflex Nervous Irritation.—Tyler Smith is the especial champion of this theory, and although he may be too sanguine, there is undoubtedly much important truth in his teachings. He arranges the reflex nervous actions as follows:

(a.) *Trifacial.*—Irritation of these nerves should be treated with Acon. Bell., Val. of Zinc, Coccionella, Merc., and even extraction of a decayed tooth,—which operation is not so much to be feared as the intense irritation of the pain—or plugging the tooth with a compound of Aconite tinc. Chloroform and Gum Copal.

(b.) *Mammary.*—Lactation should not be continued after conception. But if abortion threatens from mammary irritation, use Aletris, Sabina, Bell. and Morphine with local anodyne applications to the breasts.

(c.) *Gastric.*—Several cases have come under my own observation, where excessive gastric irritation has caused abortion. Generally the stomach can be quieted by Macrotin, Nux v., Ipecac or Kreosote.

(d.) *Rectal.*—Dysentery, hemorrhoids, and the use of certain purgative medicines which irritate the rectum. Aloes, Podoph., Ars., Merc. and Nux., aided by opiate injections in severe cases, also the Hammamelis, will be found most useful.

(e.) *Vesical or Renal.*—Stone in the bladder, albuminaria, and inflammation of the urinary organs, are best treated with Canth., Tereb., Apis., Apoc. and Eryngia aquat.

(f.) *Ovarian.*—Irritation of ovaries, swelling, neuralgia, etc., require Zincum. val., Apis., Cauloph., Sabina and Helonin. A tendency to abort at catamenial dates is generally due to such irritation; but if no local irritation or tenderness of ovaries, or other perceptible cause for the accident be apparent, and the abortion seems the result of *habit*, as some claim, the steady use of Cauloph. and Helonin, for weeks and even months, is the best preventive treatment that can be adopted. Six cases of "habitual abortion" which I have treated with the above two remedies, terminated in healthy pregnancies and a safe delivery at full term.

CASE.—Dr. Bigelow of Toledo, O., reports the following case to me: "A delicate lady who had had several abortions at about the third month, had been subjected to the best Allopathic and Homœopathic treatment, and had nearly despaired of ever going her full time. The usual remedies having failed, I procured some Caulophyllin of Dr. Hale, and gave the patient one grain of the 1st dec. trit., three times a day during the third and fourth month of pregnancy, with the happiest effect. She was safely confined with a healthy child at full term." I might record many similar cases. If the peculiar sphere of the two remedies were to be marked out, I should decide Cauloph. to be most appropriate when the abortion is caused by an excess of irritation of the uterus, with general nervous irritability, while Helonin would be most appropriate in those cases of real atony of the uterus, with general debility.

(g.) *Vaginal*.—Any irritation or distention of the vagina should be avoided. Pessaries should not be worn. If pruritus or aphthæ be present, use injections of Tincture of Cauloph. diluted, or the Borax and Morphine solution.

Certain functional and organic diseases of the uterus are prone to cause abortion. The following are most notable:

Uterine Congestion, plethora or engorgement, should be treated with Aconite, Aletris far, Bell., Aquaphobin. Plat. Sepia, Macrocin, Senecin. Aloes, Verat v. or Hammamelis. For a *congested or edematous* condition of the *cervix*, Apis, Aquaphobin, Sepia and Macrocin are most useful.

Ulceration of the Os.—The patient use of Arsenicum, Baptisia, Macrocin or Hydrastin, with the invaluable aid of such local applications as injections of Aqua Calendula, Tincture of Hydrastis canad. or Baptisia diluted, or Chlorate of Potash, will in a reasonable time effect a cure. Tho Chlorate especially, I consider the most effectual application for torpid, unhealthy ulcerations, with which I am acquainted. I use it at a strength of one drachm to a half pint of water.

Irritable Uterus.—The peculiar, spasmodic, painful affection thus designated is readily controlled by Caulophyllin. No other remedy compares with it for equal efficacy; yet Plat. Stram. and Sabina may be used with benefit. One case, the most painful and obstinate I ever saw, was treated successfully with Aconite tinc. dil., externally, and injections of Gelseminum, 1 drachm to the eight ounces of warm water. Internal remedies had all failed.

Fissure of the Os and Cervix Uteri, of which so much has been written of late, although it may require the use of the knife or other surgical appliances, often *does* close up under the use of milder means. Injections of Arnica, Calendula, dilute Nitric Acid, or Chlorate of Potash, are most useful, aided by the internal administration of Cauloph.

Atony of the Uterus.—Caulophyllin, Helonin, and probably Gossipium, are specific remedies in this condition. They seem to restore the normal tone of the uterine muscular fibre very promptly. Secale is also a great remedy. Dr. Gardner in his edition of Tyler Smith's "Lectures on Obstetrics," thus speaks of Ergot: "If, however, the hemorrhage was not the primary symptom, or if the abortion was threatened in consequence of some fatigue, great exertion, or some excitement, where there may be a *debilitated* condition of the uterus, which in its relaxed state, opens the os, or in some way diminishes the circulation and impairs its vital functions, I have found great benefit from the tonic (?) effects produced by *small* doses of Secale corn. The slight contraction consequent upon its action, closing the bleeding orifices, and frequently entirely arresting all further discharge." This is what any Homœopathist would expect from the nature of the drug, and the character of its pathogenetic action upon the uterus. But Dr. Gardner being blind to the law of "*similia*," reasons in this wise: "The *judicious* administration of Ergot improves its (the atonic uterus) tone, invigorates and prevents the threatened miscarriage. Ergot is not a medicine of the cumulative order, neither is it confined to a single action. In small doses it does not produce the convulsive evanescent contractions which accompany labor, but a slow molecular character, permanent and prolonged. If this local tonic is too freely administered, it passes on still further and then a too high stimulation produces, from an opposite cause, exactly the same result that was threatened by the previous debility." Did the Doctor ever hear of Hahnemann, or his law of cure? Cauloph., Macro. and Gossipium, have similar specific effects.

Metritis is almost certain to result in abortion, if not arrested promptly. In most instances, this can be done by the liberal use of Aconite, Verat. v. or Gelseminum. Armed with either of these potent remedies, we need not fear the result. By giving two or three drops of either every hour or two, we shall soon see the most intense inflammation subside. The external application of a poultice of *Ulmus fulv.*, or of cloths wet in warm Aconite water, (1 oz. to 1 pint,) will be of material aid. For special symptoms, the above remedies can be advantageously attended with Bell., Stram., Cauloph. or Nux v.

Prolapsus Uteri.—Quiet in the recumbent posture, avoidance of severe exercise, lifting, riding, etc., and the use of Asclepin, Podoph., Helonin, Cauloph. or Bell., Aquaphobin, and Nux v., with the cool sitz-bath and cool injections, will generally effect a cure.

Retroversion.—I have sometimes thought that this peculiar form of displacement was growing more frequent every year. In my practice I have frequently found it a cause of abortion at the second or third month. It requires all the skill of the physician and patience of the female, to treat it successfully. It should be carefully replaced as often as it occurs, and a position on the side or face persevered in. The remedies most useful are Ferrum Iod., Cauloph., Maero., Helonin, Thuja and Podoph. In a few cases, some temporary benefit is derived from a small soft pessary, inserted in the *cul de sac* behind the os.

Leucorrhœa.—Whitehead, in his work on Abortion, places Leucorrhœa among the most prominent causes of the accident. For want of space to elucidate the subject, I would refer the reader to that valuable work, page 221, where he will find an extended treatise on this affection; also to Tyler Smith's admirable monograph on Leucorrhœa. The former divides the discharge into *Mucous and Purulent*, and gives the relative number of abortions caused by each variety. Of 2,000 women, 1,116 had Leucorrhœa—Out of these, 180 had abortions caused by Mucous Leucorrhœa, and 936 caused by the Purulent variety. Leucorrhœa depends of course upon a variety of local causes. Remedies appropriate to such causes must be selected, but the most efficient among these are Copavia, Cauloph., Helonin Hydrastin, Asclepin, Puls., Sepia, or Trillin. I consider it essential to a speedy cure, to use the above remedies by injection per vaginam, at the same time as we administer them internally. A strength of about the 1st. dec. dil., is generally appropriate. For the Mucous variety, Copavia, Cauloph., Asclepin, and Puls., are best suited; with Hydrastin, Sepia, Baptisin or Trillin, for the Purulent. But as a local application for Purulent, sanious, fetid discharges, the Chlorate of Potash exceeds all others. Besides the common vaginal syringe, I would recommend a beautiful and useful instrument, which has been patented, and is to be had of Messrs HALSEY & KING, Homœopathic Pharmacutists, Chicago.*

Congestion and Inflammation of Placenta, is considered by Professor Simpson as a frequent cause of abortion. One of his most elaborate memoirs is devoted chiefly to this subject. "Its symptoms are obscure, consisting of pain in the uterus, near the site of the placenta, pains in the back and thighs, and general fever." The treatment should be the same as for Metritis.

Fatty degeneration of the Chorion and Placenta, has attracted some attention of late, chiefly through the original researches of Dr. Robert Barnes. (See Tyler Smith's Obstetrics, page 185.) In such cases, the strength of the mother should be kept up if possible, (with Ferr., Phos.,

*See last page of cover.

China, Hydrastin.) Gardner recommends "Chlorate of Potash, Nitric ac., mild preparations of Iron, and above all, fresh air." The treatment of fatty placenta is at best obscure and uncertain.

It will now be proper to consider the treatment of the actual symptoms of abortion, after the lumbar, hypogastric and coxal pains have appeared, with or without a sanguineous discharge. There are two symptoms which I have found invariably to attend threatened or real abortion; rigors or severe shivering, and tenderness of the uterine region. When these occur, the practitioner may be sure that he must put forth prompt endeavors to arrest the progress of expulsion.

The first consideration in such cases is, *whether or not the ovum can be preserved*. If we imagine the symptoms can be arrested, a strict maintenance in the recumbent posture should be observed. The patient should be kept in bed—not on feathers—in a cool apartment, lightly covered with clothing, so long as any pain or colored discharge continues, and for some days afterwards she should not be allowed to walk or stand long at a time. Warm food or drink should be prohibited, and all excitement, as from fear, but especially from the croaking of old women, who are apt to flock around the patient, should be imperatively silenced. If no sanguineous discharge has yet set in, but we have present some fever and rigors, give Gelseminum or Verat v. in alternation with Helonin or Caulophyllin. One drop of the former in the mother tincture, and one grain of one-tenth trit. of the latter, an hour apart, will generally relieve the heavy pressing down, the weight, the pain in the back, nervousness and uterine congestion. If flooding has commenced, with intermitting pains, soreness of the abdomen, and bearing down, there is still some possibility of arresting the destruction of the fœtus by the use of Cauloph., Secale, Ipecac, Bell., Aletris or Trillin. In some cases, Cinnamon, Arnica and Hammamelis are useful.

If no pain or other severe disturbances attends the discharge, which is mixed with mucus, it may exude from the os, which will be found abraded and open. In such cases I have known lint, wet with cool Hammamelis water—giving Hamm. and Sabina at the same time internally—to check the discharge permanently.

If with the flooding and pain there is congestion of blood to the head, with throbbing of the carotids, great nervous agitation, slight delirium, with a tendency to spasms, give Bell. and Cauloph., or Stram. and Scutellaria or Sanguinaria and Cannabis Ind. (All the above are Homœopathic to this condition, but there may be some peculiar assemblage of symptoms which will decide the physician in favor of one or the other. A careful study of our Materia Medica, and a rational appreciation of the remedies, some account of which I shall give at the end of this paper, will enable the physician to select an appropriate remedy.) If we succeed in preventing the expulsion of the ovum, the patient should be cautioned to avoid all exercise or excitement at the next catamenial date. In the meantime give her one grain doses of the 1st dec. trit. of Cauloph. and Helonin., each twice a day, during the succeeding weeks, until no danger is to be apprehended. Secale, Macrotin and Gossipium are probably useful in similar cases.

If we find the following symptoms occur during the progress of abortion, viz: great depression of spirits, cramps in the upper extremities, also in the bowels and uterus, with a tendency to general convulsions, partly hysterical, partly arising from reflex action of an irritable uterus,

we shall find an excellent remedy in Viburnin, one grain of the one-tenth trit. every fifteen or thirty minutes.

If with a somewhat similar assemblage of symptoms, with the addition of fever, with heavy headache, dimness of vision, or double vision, in persons of rigid fibre, use Gelseminum tincture, one drop every fifteen or thirty minutes, until the symptoms are alleviated.

Sometimes a typhoid (so to speak,) condition suddenly sets in, and with the flooding we find little or no pain, but great prostration, with sensation of soreness over the whole body, trembling, heavy stupid headache, hot clammy skin, fetor of the breath, with a previous cachetic state of health; for which, give Baptisia, one-tenth dilut., a few drops every hour, alternated, if there is a tendency to fainting, with Amm. Carb. of the same trit.

If the hemorrhage is severe, the strength of the patient failing, and the abortion inevitable, we must take such a course as shall ensure the life of the mother, and at the same time cause the expulsion of the uterus in as short a time as possible.

There are two measures eminently favorable to this result, and, in fact, nearly infallible, which may be adopted in such cases.

(a.) *The Tampon*.—The vagina should be firmly plugged with some soft material. Some recommend a sponge, others lint, but after using them both, I prefer a piece or pieces of silk or linen, six or eight inches square. Insert them, one after the other, as long as any can be pushed up the vagina with moderate, careful force. Sometimes one large piece will answer, inserted by first introducing one corner. The tampon not only aids in preventing much hemorrhage, but by reflex action, and forcing the blood back into the cavity of the womb, it increases the expulsive power of the uterus. Therefore never use a tampon if you wish to save the fetus. Neither is it proper to use it after the sixth month of pregnancy. (An instrument has lately been introduced which is said to be far superior to the tampon, as generally used. The *Colpocurynter*, invented and first used by Dr. Carl Braun, of Vienna. This admirable instrument is mentioned, and its uses pointed out very fully by Dr. T. G. Comstock, of St. Louis, in No. 32 of the North American Journal of Homeopathy, p. 566. I have had but little personal experience with it, but from the great benefits I have always derived from the Tampon, I have no hesitation in recommending it.

(b.) *Caullophyllin and Ergot*.—These remedies can be given single or in alternation, but always in appreciable doses. In severe cases I usually give one or two grains of the former every 20 or 30 minutes, in Tilden's sugar-coated pills. The ethereal tincture of Ergot is preferable to any other preparation of that drug. One drachm may be put in four ounces of water, and a teaspoonful given every quarter of an hour. If the Gossioinn possesses only a portion of the virtues accredited to it in such cases, it will prove a most invaluable aid. The infusion of the fresh root should be tried. I think other preparations are inert.

As a general rule the fetus is readily enough expelled, either by the natural uterine efforts or with the above mentioned aids. It can be grasped while yet in the os uteri, or after it has descended into the vagina, by the fingers or a pair of curved forceps. But the expulsion or delivery of the placenta is a much more difficult matter. Indeed, I consider it about the only real difficulty we meet with in conducting abortion to a safe termination. In the early months it is so small that the uterus is often quite unable to expel it, when, by its irritation, it causes the most

alarming and persistent flooding, unless prompt measures are adopted for its removal. The best of these are the blunt hook, and a long, slender curved forceps. No time should be lost in seizing and extracting the placenta after we are satisfied it did not attend the discharge of the fœtus. In order to be positive, all the discharge should be carefully examined. After the fœtus and placenta are both expelled, the hemorrhage generally ceases, gradually and properly. But there are now and then cases, especially if the miscarriage has occurred after the third month, or if the patient be of a hemorrhagic diathesis, in which the uterus refuses to contract normally. The mouths of the uterine vessels remain open, and either bleed continuously or upon the slightest exercise. One of two conditions are present in these cases: atony or irritability. For the former the remedies are China, Secale, Trillin, Hydrastin and Tereb., with a nutritious diet of beef tea, mutton broth, cocoa, &c. For the latter, perfect quiet, low diet, and the use of Sabina, Crocus, Cinnamon, Sanguinaria, Cauloph and Lycopin. In some cases, Sulph. ac. acts like a charm.

Two of the worst cases of severe flooding after late miscarriage I ever saw, yielded to 10 grain doses of Cornu Cervinæ Calcinatedum, administered every half hour. This remedy was taken from the practice of the aborigines; the amount of testimony in its favor is unimpeachable. It seems to act with specific power on the uterus. One other case, which resisted other treatment, yielded promptly to Oil of Erigenon, in doses of 3 drops every half hour. This remedy possesses wonderful power over active arterial hemorrhage from any portion of the body. It acts when applied locally as well as when given internally. It is useful in dysentery, hemorrhoids, hæmoptisis, etc. It deserves a careful proving.

The use of ice-water in cases of severe flooding is undoubtedly of great benefit. Yet I seldom resort to it. I utterly deny that the so-called astringents, as astringents, have any real power over hemorrhage. Any drug, to have a curative effect, must act by virtue of its homœopathicity. If we *know* that a drug will remove a given assemblage of symptoms, or a certain pathological state, we ought to use it, whether it has been regularly proven or not. I am aware that there are men in our ranks who would "*taboo*" us for such a course, but such ultra conservatism is unworthy any true physician. Our Materia Medica is cumbered with many drugs which profess to have been well proven, but for all practical purposes such provings are utterly worthless. I much prefer the careful conscientious records of the tangible effects of a drug, both pathogenetic and curative, to a record of half-imaginary symptoms, gotten from taking the high potencies, and writing down all one's sensations. Deliver us from such provings.

It will perhaps be appropriate, in connection with this subject, to allude to those instances, in which, on account of present or threatened danger, it becomes right, proper and necessary, to induce the premature expulsion of the ovum by artificial means, with a view to the ultimate safety of the mother. Those cases where premature labor is induced to save the life of the child, do not properly come under the scope of this paper. Tyler Smith gives three classes of cases which require this operation. The first is the only one which I shall consider, viz: "In which the operation is called for before the date of the vitality of the fœtus, in consequence of diseased states of the mother, and in which *the ovum has to be sacrificed in order to preserve the life of the mother from great risk.*"

I need not enumerate all the variety of circumstances under which it has been deemed proper to resort to this operation, (see Tyler Smith's

Obstetrics, page 657,) but they seem to be constantly on the increase. "It is probable that the practice of the induction of premature labor, will be extended, from a greater knowledge or increasing appreciation of its importance, and also from a real increase in the cases calling for it. Among the manufacturing population, deformities of the pelvis are probably on the increase; and amongst the educated classes, the size of the fœtal head and delicacy of constitution, will form impediments to labor in an increased number of cases."—*T. Smith*. In view of these facts, every practitioner should fully inform himself of the most safe, efficient, and least objectionable manner of performing this operation.

Many methods have been practiced, but I shall confine myself to the consideration of *four* only; for I consider all other methods, such as the administration of drugs, termed abortive, as *extremely culpable*, and the douche, as recommended by Prof. Kiwisch, as *entirely too tedious and complicated*. Electricity is uncertain and painful, and dilating the os uteri by tents, objectionable. I prefer, after much observation and considerable experience—

1st. *The introduction of the Uterine Sound*. This must be carried up nearly to the fundus, then gently turned round two or three times. Up to the end of the third month, this is the easiest and safest method practiced. If properly done, no second operation is necessary.

2nd. *Colpeuryxis*. Mention has been already made of this instrument. It is most applicable from the eighth to the twentieth week. It should be filled with warm water and left *in situ* until contractions take place. An excellent substitute for the Colpeurynter, very cheap and perhaps nearly as efficient, is an India rubber bladder (about two inches in diameter), ending in a long, slender tube. After being introduced, it is filled, not with water, but with *air*, by means of another bladder attached temporarily to the tube, or any other ready means of inflation. When the inner bladder is sufficiently distended, the tube is securely *tied* and fastened to the patient's clothing, or a band around the waist. Since this paper was begun, I have several times used this simple instrument with the best success.

3rd. *Injections*. This is a very safe and efficient method, and one which I believe I am the first to recommend. I have used it for many years and can earnestly advise its use when necessary. I have generally used Parker's Glass Syringe, with slender, slightly curved point, but an India-rubber instrument is much preferable, from its strength and elasticity. It should have a tube four or six inches in length, slightly curved, and of about one-fourth or one-sixth of an inch in diameter. The point should not puncture the membranes, unless it be deemed advisable, but should be carefully introduced between them and the uterine surface. The tepid water should then be injected with steady force.

Its *modus operandi* is plain. The water permeates between the membranes and uterine surfaces, with the effect of detaching them throughout the whole or a greater part of their extent. When this is done, expulsive contractions set in, and the fœtus with the placenta attached, is expelled with little or no hemorrhage. Even if the sound has been used, it is well to use the syringe afterwards, to expedite the expulsion. It has been considered hazardous to inject fluids into the womb. Whatever danger there may be in the unimpregnated state, from fluids passing through the fallopian tubes into the peritoneal cavity, thereby causing inflammation, that objection is not valid in the cases where I used it. During preg-

nancy those tubes are undoubtedly plugged up with tenacious mucus. So far from fearing metritis from such a cause, I do not hesitate to use medicated injections in uterine catarrh, and with the best results.

(Since this paper first appeared in the N. A. Journal, I find that "this method was first described by Dr. Cohen of Hamburg, in 1846, and has recently been introduced to the notice of American physicians by Drs. Nøeggarath and Jacobi of New York," "*Contributions to Midwifery*," 1859. So says Dr. Hoffendahl, in the August No. of the North American Journal, page 70, but I was not aware of any such method having been used or described, although I have used it for nearly six years, and have upon inquiry of other physicians, found the subject entirely new to them; nor have I ever seen any mention of it before, in any medical work.)

5th. *Puncturing the Membranes.* After the fourth month this operation can be resorted to. It can be done with a stilet catheter, manufactured expressly for the purpose, and great care taken not to injure the internal cervix uteri. I consider either of the former methods preferable, but now and then we have cases which may resist milder means with a wonderful tenacity. After this operation the placenta and membranes are more apt to be obstinate of removal, and give rise, as they sometimes do, to moles, hydatids, and other abnormal growths, which may cause a vast amount of trouble and danger to the female. For the removal of such, there is no remedy so certain in its action as the *Caulophyllin*.

I was once called to see a lady who had, in the hands of an Allopath, taken enormous quantities of Ergot to expel a retained placenta, after an abortion at the fourth month. She had frequent attacks of flooding which had reduced her very low, and suffered much from constant uterine pains. Gave her two grains of *Caulophyllin* crude, every two hours. In six hours the growth was expelled. It was enormously large, and although retained two months, had no *fœtor*!

INDICATIONS FOR THE NEW REMEDIES.

I will briefly give such pathological and symptomatic indications for the before mentioned remedies, as will be required in the cases in which they are herein recommended. The indications are based upon known effects, both upon the healthy organism and upon the sick. A few of them have been partially proven, others are almost unknown to Homœopathists. To give a clearer idea of their sphere of action, I have given the analogues of each, as far as I am qualified, also a case appended to each.

Aletrin. The Aletris farinosa has long been known in domestic practice as a powerful tonic. It seems to affect specifically the stomach and uterine system. In large doses it causes prostration, vomiting, catharsis and considerable *narcotism*; also venous congestion of the uterus, bearing down sensations, fullness and heaviness of the uterine region, with suppressed or premature menses. Used in small doses it removes similar conditions. It is lauded by the Eclectics as a positive prevention of Abortion, yet it has been used to cause abortion in the first months of pregnancy. Its analogues are Puls., Sabina, Sepia and Aloes.

Case 1. A young married lady, pregnant with her first child, at the third month was taken with heavy, pressing pains in the uterine region,

soreness of the bowels, dullness of the head, vertigo and nausea. Upon examination, found the uterus low in the pelvis, the os swollen and sensitive, and much heat of the vagina. Gave Puls. and Bell. for twelve hours without benefit; then Aletris, two drops of the mother tincture every hour with the effect of dispelling the symptoms.

Asclepin. The *Asclepias tuberosa* has quite a reputation in all febrile and inflammatory affections of the uterus and appendages. Its first effects are increased heat and excitement of the circulation, which are followed by profuse secretion of mucous from all the mucous surfaces, especially the throat, bronchia, uterus and vagina. It has been very successfully employed in the treatment of prolapsus uteri, with profuse *mild* mucous leucorrhœa. Its action on the pleura very much resembles Bryonia. Its sphere of action compares with Bry., Ipecac, Dule., Puls., Copaiva and Hepar. S.

Case 2. A young woman, unmarried, was attacked after a severe cold, with fever, pain in the limbs, some oppression of the chest and dry cough, sudden suppression of the menses, fullness and heaviness of the hypogastrium. Aconite relieved the pain in a few hours. The next day the cough was moist, with some soreness of the chest, and a severe mucous leucorrhœa set in, with heat in the vagina, scalding when urinating, and drawing in the uterine ligaments. Asclepin, first trit., a grain every three hours, removed the symptoms in a few days.

Baptisin The Baptisin is taking high rank as a remedy in congestive and typhoid fevers, and in all low conditions of the system, when there is a tendency to putridity, or a vitiated state of the secretions. It has caused abortion, attended by great nervous prostration, soreness of the whole body, low type of fever, putrid diarrhœa, bad smell from the mouth and some stupor. It is indicated in certain abnormal conditions of mucous membranes, attended with unhealthy ulcerations and foetid discharges. In torpid ulceration of the os and vagina, with acrid discharges, it is specific, administered internally and by injection. I use the 1st dil. or the 3rd trit. Its action is similar to Ars., Carbo., Hydras., Kali chlor. and Merc. cor.

Caulophyllin. This seems a remedy more generally adapted to the treatment of diseases of females, than any other with which I am acquainted. It is a mild, unirritating remedy, in rational doses. Its action is primarily upon the uterine motor nerves, but it also affects the motor nerves generally; secondarily it acts upon the nerves of sensation, causing neuralgia and rheumatic pains. It controls all spasmodic affections of the uterus and appendages, as well as those of the stomach, bowels, and also hysteria, when it assumes a spasmodic character. In threatened abortion, with some spasmodic pains, if the ovum is not detached, it will prevent the occurrence. It will expel the foetus and placenta, and other foreign bodies, by aiding the motor power of the uterus. In very large doses it has caused abortion. It compares with Secale in all but the poisonous effects of the latter. Its immediate congenes are Macrotin, Cannabis ind. Cham. Plat., Ignatia, Asa. f. and Viburnin.

Case 3. A stout plethoric lady, the mother of seven children, with each of whom she had suffered all through pregnancy, with bearing down pains, soreness of the uterine region, lameness in the hips, and inability to stand long upon her feet. She had tried Homœopathic treatment before, but got no alleviation. When she applied to me she was in the sixth month. Gave her Caulo., third trit., one grain, three or four times a day.

In a few days she was unusually free from pain, and by continuing the remedy occasionally, remained comfortable and had an easy confinement. This is but one of a hundred or more similar cases which I have relieved with the Caulo. It can always be relied upon in such cases, to give prompt relief. The aborigines were accustomed, we are told, to have the pregnant squaws drink of a weak infusion of this plant, for a few weeks previous to confinement, in order to cause a safe and easy labor. The Eclectic practitioners use the Caulo. for the same purpose. In several instances, in females who suffered much at such times, I have given the third trit., one-tenth, for two or three weeks previous to the expected time of labor, and in each case with the most satisfactory results. When we consider that the chief cause of painful and difficult labor, is from uterine sensitiveness and spasmodic pains, it will be seen that in the Cauloph. we have a remedy which by effectually controlling such abnormal conditions, will be of incalculable benefit to those whose pregnancies and labor are one long scene of severe suffering.

Case 4. A lady in the seventh month of gestation, lifted some very heavy articles. She was attacked with piercing, excruciating pains in the uterus, a little on the left side, and severe bearing down pain. On my arrival, I found upon examination, the os not at all dilated, but the uterus was low in the pelvis, and evidently highly congested. The fundus of the womb contracted strongly upon the child, which meantime struggled very much. Gave Bell. (for severe headache,) and Cauloph. 1st. In six hours the pains had abated so that she could sit up. In a few days she was about her usual avocations. At the eighth month the same symptoms again appeared, also at eight and a half months. In both instances the Cauloph. alone relieved the pains in a few hours. She was delivered at full time, and after an easy labor, of a healthy child. The somewhat severe spasmodic afterpains were relieved by this same remedy.

Case 5. DR. LUDLAM records a happy experience in the use of the Caulophylin, in a species of hysteria, following miscarriage: "This patient, a lady of some thirty-eight years, while on a visit to the country, aborted at the third month, and being unable to secure the services of a Homœopathist, suffered the immediate consequences of terrible floodings, which so reduced her strength and shattered her nervous system, as to render her very miserable, and indeed to threaten her life. On her return to the city, her pulse was feeble, thread-like, and at times quite imperceptible; skin cool; extremities, upper and lower, as well as her features and the cellular tissue generally, œdematous, and her nerves in the most pitiable condition imaginable; the most prominent feature of which derangement consisted in complete insomnia. She could not sleep. Night after night passed, and not a wink of sleep. All the usual remedies were tried, but without avail. Apis mel. relieved the œdema, and under occasional doses of Arsenicum, her pulse approached a normal state; but the insomnia yielded to nothing, save temporarily to a few doses of Moschus, low, after which it returned as before. On the recommendation of Dr. P. L. Hale, who was at that time visiting with me, I gave her Caulophylin in the second decimal trituration. A few doses sufficed to break the spell, and I have never since failed to procure her the most refreshing sleep by the same kind and harmless agent. She made a speedy and safe recovery."

Still another indication for the use of this remedy will be found in menstrual irregularities, occurring subsequent to, and consequent upon miscarriage. There are frequent, and sometimes very perplexing cases,

where neither Puls., Sec. Cor., Sabina, or other remedies appear to be especially indicated, and we have either of the following symptoms: Spasmodic, bearing-down pains, with scanty flow; sympathetic cramps and spasms of neighboring organs, as of the bladder, rectum and bowels; or the motor power of the uterus seems almost entirely gone, and where we may reasonably suppose the menstrual flow is retarded from a simple lack of the excito-motor force, either in the Fallopian tubes or the parietes of the uterus itself; the Caulophyllin will sometimes produce almost instantaneous relief.

In a case of this kind, post-abortive, where the spasmodic pains were located in the right lumbar region, occupying a limited space, say about the size of a silver dollar, and there was almost a total suppression of the catamenia, the Caulophyllin, in the third decimal trituration, repeated once in three hours, afforded prompt and permanent relief. We know of no other remedy which is so efficacious under these circumstances. It seems, in general practice, to be indicated in many examples of *suppressio menses*, approaching dysmenorrhœa in some of its features, being always accompanied by the above-named characteristic pains and sufferings of a spasmodic nature. Our experience would render us very loth to attempt the treatment of these and kindred cases, without a frequent resort to the use of the Caulophyllin.

LUDLAM.

Gelseminum. This remedy is now attracting considerable attention. Prof. Douglas has made a partial proving of it, and recommends it highly in all febrile affections. Its effects upon the uterus, when given in large doses, is to produce a condition of paralysis of the motor nerves. When given during severe labor, in appreciable doses, it will nearly or quite arrest its progress. "Yet (says Coe,) it will in very small doses, *gently stimulate uterine contraction.*" I have previously given the indications for its use, and would refer the reader to Douglas and Coe for further information. It is a remedy which will prove one of our greatest polycrests. It compares with Cauloph., Acon., Verat. v., and Secale.

Helonin. "No agent of the Materia Medica better deserves the name of uterine tonic than Helonin. The remarkable success attending its administration in the diseases peculiar to females, has rendered it an indispensable remedy to those acquainted with its peculiar virtues. It will be found most beneficial in those cases arising from or accompanied with a disordered condition of the digestive apparatus, and an anæmic habit."—Coe. It much resembles Aletrin, to which it is botanically allied. It resembles Puls., and more particularly Ferrum. In women who have been subject to abortion, who are dyspeptic and of an anæmic habit—who suffer much from prolapsus, leucorrhœa, heavy, pressive, weary pains in the uterine region, and all those local symptoms which indicate seated uterine atony, this remedy will be found invaluable. It should generally be alternated with Ferrum. Give one or two grains of Helonin, one-tenth trit., one hour before meals, and the same amount of Iron (by Hydrogen), first dec. trit., one hour after meals, so long as the system seems to require.

Case 6. A woman who had been married six years, in the first four years had given birth to two children. She had always been delicate, but for the last few years had suffered much from dyspepsia, chills and fever, prolapsus uteri, leucorrhœa, irregular but very profuse menses, and had several abortions in the last year. Although not very anæmic, she was extremely debilitated. The whole muscular system had lost its tone, and

great weariness ensued after the least labor or exertion. China, Nux, Iron and Hydrastin, were tried with but little effect over the extreme debility. I then gave her ten drops of the fluid extract of Helonin-dec. every four hours. The effect was magical. The appetite, before weak, now became natural; digestion became strong and normal, and the strength increased rapidly. In a few weeks she was able to do all the labor of her family, became pregnant, went her full time in excellent health, and was confined. She has since been strong and robust.

In all cases of muscular atony or chronic debility, when caused by any organic disease, the Helonin will be found a remedy of great value. Even in otherwise incurable cases it will give temporary muscular strength, sooner than most any other drug. Thus it will be seen why it is lauded so highly by our Eclectic brethren, in all uterine displacements, from relaxation of the uterine ligaments. If there is much displacement, however, some mechanical support will have to be used for a time. In habitual abortion it has a great reputation. It should not be used in any inflammatory state of the uterus, or in those cases where the displacement is caused by congestion. Helonin has cured many cases of sterility.

Hydrastin. This remedy has no direct or specific effect on the uterus, but it is a tonic of great power. The Eclectics use it much in place of Quinine, Iron, &c. Over the mucus membranes it exercises a profound influence, curing many lesions which indicate such drugs as Merc., Ars., Sil., Sulph., Kali., Chlor, and Sepia. Given internally in small doses, and used locally, it will cure many forms of stomatitis, ulcers of the throat, ulceration of the os uteri and vagina, also profuse, thick, tenacious, foetid, muco-purulent discharges from all mucous surfaces, especially from the nares, vagina, uterus and rectum. King, in his Dispensatory, says that if given too long or in too large doses, "it will cause a pseudo-membranous, very tenacious exudation from the mouth, throat and nares." In this it resembles Iodine, Kali bic, Bronine, Hepar and Amm. Caust.

Macrotin. Several partial provings of this remedy have appeared in the N. A. Journal, but none show its effects upon the uterine system. It is homœopathic to nearly all rheumatic, neuralgic, irritable and congestive states of those organs. If, in a pregnant woman, we meet with the following group of symptoms similar to those caused by *Macrotin*, viz: great and general nervous prostration and irritability, neuralgic pains in the head, back and uterine region, feeble, slow or quick pulse, palpitation of the heart "sick headache," sensitiveness of the uterus, swollen, tender and abraded condition of the cervix, with aching, dragging pains at each menstrual period, we may give *Macrotin*, 2nd or 3rd trit., with confidence that it will bring about a healthy condition. It resembles Acon., Bry., Coleh., Nux and Bell(?).

Podophyllin. Of this drug we have a pretty good proving. It is of great value in congestive and prolapsed state of the uterus. Upon the liver it acts in a similar manner to mercury. Its congeners are Aloes, Nux, Hamm., Acon. and Sulphur.

Where we discover a prolapsus uteri, in case of threatened abortion, it may become very necessary to resort to constitutional rather than to local measures for its relief. The consequences might, otherwise, prove serious. Both the parent and the offspring would readily suffer from wrong management at this period. To treat such a prolapsus on "general principles,"

as the phrase is, would never do. A pessary would be the worst possible thing—the abdominal supporter is, in reality, *abominable*—and hence the physician is compelled to rely upon the efficacy of internal remedies. It is under precisely such circumstances that the Podophyllin promises more than almost any other medicinal agent. To keep the patient as much as may be, without detriment to her general health, in a horizontal posture, and administer the Podophyllin in about the third trituration, thrice daily, is to give her the best possible chance of recovery.

There can be no question but that in many examples a threatened abortion has been averted, and the woman brought to full term by these very simple means, conjoined with the use of this single remedy. Whatever may be said of the Caulophyllin, as insuring a safe and easy labor, this is the sphere of the Podophyllin—to *avert the dangers of prolapsus in pregnant females*.

Another indication for this remedy, in complicated miscarriages, is sometimes found in the existence of a leucorrhœa, which may or may not have become chronic. The damaging effects of this species of exhausting discharge from the vegetative surfaces, has already been referred to. It is a frequent cause both of sterility and of habitual abortions. In our experience, nine out of ten of those women in this western country who are given to repeated abortions, may refer to the leucorrhœa as one of the primary causes of the mischief. A familiar illustration of the positively injurious effects of such disease, over the proper performance of the ultimate sexual functions in the female, is found in the case of prostitutes, who seldom conceive, and for this very reason. A cause which is so fatal to the first act of conception, may readily be supposed to influence that growth and development of the germ which marks the second and subsequent periods of intra-uterine life.

We are decidedly of opinion that this fearfully frequent cause of abortion has not received a due share of attention from medical men. It is so much more satisfactory to refer, in a scientific way, to the consequences of reflex action, or something of that sort, than to seek for the cause in a directly debilitating discharge, which drains away, it may be, the blastema which is needed, or the plastic force of modality itself, from the incipient organism which can so illy spare it.

In our hands, the Podophyllin has effected very much for the relief of leucorrhœas during pregnancy. Where the discharge of a thick, transparent mucous is profuse, with symptoms of prolapsus, constipation, and bearing down in the genital organs, it may prove of very essential service. It appears to be especially demanded where the foregoing symptoms occur in females of a bilious temperament.

LUDLAM.

Sanguinaria. I would refer the reader to its pathogenesis. It has caused abortion with dangerous flooding. It will arrest a threatened miscarriage if indicated, and the hemorrhage which sometimes follows abortion. Its analogues are Phos., Lach., Kali. carb., Bell. and Macrotin.

Senecio. Is known all over the west as the "female regulator." It seems to have a profoundly modifying power over the female generative organs, but no definite indications can be given, except a reference to the writings of King, Coe, *et al.* It will cure cases in which Puls., Sepia or Sulph. were indicated, but have failed.

Case 7. A delicate, middle aged lady, subject to cough, bronchial irritation, profuse and premature menses, and abundant leucorrhœa, caught a severe cold on the first day of the menses, which caused complete sup-

pression. The symptoms were, heat in the uterus, stitches through the vagina and ovaries, pain in the back with lameness, severe cough with mucous expectoration, some febrile symptoms with debility. She took Bry., Puls. and Macrotin, with no benefit. Gave Senecin, first trit., dec., one grain every three hours. On the second day the menses appeared, and in a few hours the cough disappeared. In many cases of Amenorrhœa the menstrual secretion would *seem* to be replaced by a vicarious mucous secretion from the lungs, bowels or vagina. By restoring the secretive power of the uterus, we remove the irritation of distant mucous surfaces, and even the *ensemble* of morbid symptoms. It is in this manner that Pulsatilla and Senecin act. I consider the two remedies very much alike in their general action. Both are applicable in quite similar states of the system; they *cause* primarily increased secretion from all the mucous surfaces, increased perspiration, and hemorrhage from the uterus and hemorroidal vessels, probably from venous congestion.

Trillin. This is truly a great remedy in uterine hemorrhage. An experience of many years enables me to recommend it in the most severe hemorrhages, also in profuse, exhausting leucorrhœa, with atony, prolapsus and chronic engorgements of the cervix. Its analogues are Plat., Crocus, Sabina, Secale, Erigenon and Lycopin.

Verat. V. The general action of this drug is pretty well understood, but I wish to call attention to its use in a peculiar condition. When the menses or lochia are suppressed, we are apt to have severe and dangerous congestion of some important organ, such as the brain, kidneys, or uterus, or even inflammation of these organs. In such cases I have found the Verat v. to be a prompt specific. No other drug, save Aconite, can compare with it. Give, according to age, etc., from one to two drops of the mother tincture every hour or two, and the threatened danger will be warded off. It may be advantageous to alternate it in some cases with Senecin or Macrotin. In those intense congestive headaches, or in the spasms which sometimes attend cases of abortion, or in puerperal fever, it is my great "sheet anchor."

The Veratrum Viride promises to be of considerable service in two of the many disorders of secretion to which lying-in women are liable. We refer to a suppression of the *milk* and of the *lochia*.

In a case of Puerperal Fever, already published,* we have referred to the property of this remedy to restore the mammary secretion.

Its power over a suppressed lochia is even more positive. Beside restoring the flow, it has a marked effect over the lesions which characterize the puerperal peritonitis, whether occurring after premature or mature confinement. We have twice employed it in impending fevers of this kind, and at each time with the most satisfactory evidence of its wonderful power to allay those angry and alarming symptoms which characterize such attacks. It may almost be called a specific for these symptoms.

Cases of threatened miscarriage sometimes present analagous symptoms. There may be a great erethism of the nervous system. The vascular and uterine systems sympathize in a very marked degree, and there is reason to fear a rapid abortion and decline into the *bona fide* peritonitis before named. In anticipation of such a calamity, and as a pretty certain means of its aversion, we recommend the Verat. Viride.

LUDLAM.

* Vide Proceedings Illinois Homœopathic Medical Association for 1859.

Viburnin. "When abortion is threatened as the result of over-exertion or mental excitement, it will act as a preventive."—Coe. No remedy is so efficacious in the cramp, local spasms, etc., which pregnant women suffer from, as this. Its action upon the motor nerves of the uterus is specific and thorough. When Asaf., Plat., Ign., Cham., Verat and Puls. fail us, we may use the Viburnin with confidence.

Note on the Dose.—As I have not given the special dose in connection with the remedies mentioned, it may be proper for me to add that I generally use the 1st dec. trit., because *they are given for their secondary pathogenetic symptoms*. But should I give them for their *primary symptoms*, I should go up to the 6th or even the 30th.

In explanation of this remark, I would call the attention of physicians to my article on "Dose," in the next (November, 1860) number of the North American Journal of Homœopathy, where I have laid down some new and peculiar rules for guidance in the selection of the proper quantity for a dose, in the different phases of disease.

In conclusion let me earnestly urge the physicians and students of our school to aid me in testing and proving the valuable remedies I have mentioned, and endeavored to elucidate to the best of my ability.

HALE.



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